

Texas WIC Program

Texas Department of Health

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WIC Certification Specialist

Purpose

To provide local agencies (LAs) with a method of training paraprofessionals to function as certifying officials.

Authority

7 CFR Part 246.2, 246.7

Policy

LAs may train personnel as WIC Certification Specialists (WCS) to certify applicants/participants. There shall be adequate Registered Dietitian/Licensed Dietitian (RD/LD) staffing to provide training and supervision of the WCS program.

Procedure

- I. LA staff with a minimum of a high school diploma or equivalent may be trained as a WCS to determine nutritional risk conditions, provide low risk individual counseling, prescribe food packages and make referrals.
- II. To be considered for a WCS program, the LA shall contact the SA to obtain a WIC Certification Specialist Program Application. The completed application shall be submitted to the SA for approval prior to the implementation of a WCS program.
- III. The LA is required to inform the SA of any amendments to the approved WCS application prior to implementation. Changes include Nutritionist/RD/WCS ratios and any substantial change in the training or monitoring plan.

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- IV. The names of new staff that have completed the WCS training shall be submitted to the SA within one month of completion.

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Completing the Supplemental Information Form

Purpose

To legally document notice of eligibility, ineligibility, termination, release of client information, and applicant and participant rights and obligations.

Authority

7 CFR Part 246.7 (h)(7)

Policy

Local agencies (LAs) shall use the WIC-35-1, the Supplemental Information Form (SIF), to document appropriate notification of eligibility, ineligibility, termination, release of information, rights, and obligations.

Procedures

- I. Because the SIF is a legal document, all signatures and dates on the SIF shall be made by the signing party in his/her own handwriting. A date stamp shall not be used, and initials shall not be used unless initials constitute the individual's official signature.
- II. Prior to signing the SIF, the Competent Professional Authority (CPA) must do a complete nutritional evaluation that includes a nutritional risk assessment. The CPA shall sign and date the SIF as the designated WIC official authorized to certify applicants/participants (**Policy CS:15.0**). By signing the SIF, the WIC official attests to the accuracy of determination of eligibility and ineligibility.
- III. A WIC clerk can only sign the SIF in the following cases:
 - A. income ineligibility;
 - B. moved out of state; and

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- C. transfers where eligibility is already determined.
- IV. Dates shall reflect notification/determination of eligibility/ineligibility within the appropriate processing timeframe (see [Policy CS:02.0](#)).
- V. When applicants are screened for eligibility for WIC benefits, LA staff shall ask them to read all the information on the SIF. If the applicant cannot read, the LA staff shall read this information to the applicant and explain it if he/she does not understand it.
 - A. The section entitled "Dual Benefits" refers to preventing participants from receiving program benefits from more than one WIC clinic at a time. (See [Policy CS:28.0](#))
 - B. The section entitled "Shared Client Information" refers to programs which the Texas Department of Health has authorized to receive certain WIC applicant/participant information as listed on form WIC-35-2, Release List. This section also refers to any programs/agencies with which the LA has a "Memorandum of Understanding" and other WIC Programs when transferring. (See [Policies: GA:02.0, CS:14.0](#))
- VI. Physical presence (Refer to [Policy CS:04.0](#)):
 - A. LA staff shall document the physical presence of an applicant/participant on the SIF by checking the "Yes" or "No" box.
 - B. An infant less than one month old may be allowed to be certified without being physically present if all required documentation is available. The infant shall be presented by the infant's six week birth date. The date the infant was presented shall be documented on the SIF.
- VII. Notification to applicant of eligibility:
 - A. The eligible applicant or parent/guardian/caregiver shall sign and date the space designated "Signature of Participant or

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- Parent/Guardian/Caregiver" after reading or having the information read to him/her.
- B. The CPA shall sign and date the SIF as the "WIC Official."
 - C. If the parent/guardian/caregiver signs the SIF, the participant's name shall be written on the line indicated as "Child's Name."
 - D. The second parent/guardian/caregiver signature is to be used for a second parent/guardian/caregiver, if applicable, who shall also be a food instrument recipient. If the second parent/guardian/caregiver signs the SIF at a later date than when eligibility was determined, that date shall be recorded next to the signature.
 - E. If the food instrument recipient is changed during the certification period, have the new recipient sign and date the SIF. Do not cross-out the signature of the original food instrument recipient. Note in the participant's record the reason that the food instrument recipient has been changed.

VIII. Notification to applicant of ineligibility (Refer to [Policy CS:23.0](#)):

- A. A "WIC Official" shall sign and date the SIF to verify ineligibility. When the ineligibility is due to lack of nutritional need, abuse, or caseload management, the CPA shall sign as the "WIC Official."
- B. If the applicant is at the clinic when ineligibility is determined, the applicant shall sign the SIF to acknowledge notification of ineligibility and the right to a fair hearing. The applicant's signature shall be dated to reflect notification within the processing timeframe. If the applicant refuses to sign, the refusal shall be documented.
- C. If the applicant will be notified of ineligibility by mail, write "mailed" in lieu of the applicant/participant's signature. Document the date notification was mailed.

IX. Notification of termination (Refer to [Policy CS:29.0](#)):

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- A. The "WIC Official" shall sign and date the SIF when the participant is terminated before the end of their valid certification period for:
 - 1. program abuse (includes dual participation);
 - 2. caseload management (CPA shall sign as the "WIC Official"); or
 - 3. exceeds income standards;
 - B. If the participant is notified while at the clinic, the participant shall sign and date the SIF to acknowledge notification.
 - C. The date of notification shall be at least 15 days before the terminating date. The "WIC Official's" signature shall be dated on the date of notification.
 - D. If notification will be mailed, write "mailed" in lieu of the participant's signature. Document the date notification was mailed.
- X. Participant certification expiration. The participant's and WIC official's signatures are not required when eligibility expires because of one of the following:
- A. child reaches 5 years old;
 - B. woman no longer meets categorical requirements; or
 - C. participant fails to be subsequently certified (fails to reapply).

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Documentation of a Complete Nutrition Assessment

Purpose

To ensure accurate and thorough determination of eligibility for WIC benefits, and identification of all nutrition risk conditions.

Authority

7 CFR Part 246.7

Policy

Local agency (LA) staff shall perform a complete nutrition assessment on every WIC applicant who is categorically eligible and whose income and residence meet program guidelines. Supporting documentation of the complete nutrition assessment shall be available for audit/review.

Procedures

- I. A nutrition assessment shall be performed by a certifying authority (CA) or a WIC Certification Specialist (WCS). Other trained WIC staff may obtain measurements, blood tests and diet/health histories.
 - A. **Nutrition risk** factors shall be evaluated by a CA or WCS.
 - B. Every health/medical condition of nutrition risk for which a person can qualify shall be documented, with the exception of risk code 422, Inadequate Diet (refer to Guidelines for Nutrition Assessment – Diet History - Scoring of the dietary recall/record), risk code 135, Inadequate Growth (refer to Clarifications/Guidelines, risk code 135 in the Texas Nutrition Risk Manual), or risk code 201, Low Hemoglobin/Low Hematocrit (see II.C.4.a. in this policy), or risk code 114, At Risk of Becoming Overweight for Infants and Children (refer to

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clarification/guidelines for risk code 114 in the Texas Nutrition Risk Manual)

- II. A nutrition assessment is considered complete when the following indicators of nutritional status have been evaluated:
- A. **Current weight and height/length** – all applicants.
 - 1. The weight and height/length shall be measured and plotted according to the instructions in the Guidelines for Nutrition Assessment.
 - 2. The code “999” for weight and “99 0/8” for length/height shall be entered in the Texas WIC system to indicate that measurements cannot be obtained using standard clinical equipment or from a healthcare provider.
 - 3. Documentation of why measurements were not obtained shall be included in the participant’s chart. Refer to Guidelines for Nutrition Assessment – Weighing and Measuring – Special Considerations.
 - B. **Diet History (Dietary Recall and Assessment)** – all applicants.
 - 1. A dietary recall (24-hour or typical day) shall be taken and assessed according to the instructions in the Guidelines for Nutrition Assessment.
 - a. Scoring of the diet is not required if the applicant is determined to have a risk condition other than “inadequate diet.”
 - b. If “inadequate diet” is not utilized as a condition and/or there are less than three deficiencies, “00”, “01”, or “02” shall be recorded on the form.
 - c. When the scoring of the dietary recall/record is required (no other risk condition exists), the LA has the option to stop scoring after three deficiencies are identified, but up to 17 deficiencies can be recorded.
 - 2. Responses to “Food Habit Questions” (women and children) and “Assessment Questions for Infants” shall be assessed to identify other possible dietary risks.

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- C. **Hemoglobin or hematocrit**--all applicants age six months of age or older.
1. All infants and children being certified at ages 6 months to 24 months shall have a blood test to screen for iron deficiency (Premature infants shall not have a blood test before 6 months corrected/adjusted age):
 - a. Infants shall have a blood test between 9 – 12 months of age and again between 15 – 18 months of age.
 - b. All children shall have a blood test performed at least every 12 months.
 2. Pregnant women shall have a blood test during their pregnancy. Postpartum and breastfeeding women shall have a blood test after the termination of their pregnancy.
 3. Analysis of iron status shall be performed according to the instructions in the Guidelines for Nutrition Assessment.
 4. Follow-up blood tests are not allowable WIC expenses; only blood tests performed at initial and sub-certifications are allowable WIC expenses.
 5. Waiving the requirement for hemoglobin/hematocrit
 - a. The following seven exceptions are the only circumstances that would preclude a blood test to screen for iron deficiency.
 - i. Infants who are under six months of age: A hematological test for iron status is not required and is not an allowable WIC expense.
 - ii. Children ages 2 to 5 years of age who, at the previous certification, only qualified for risk condition 422, Inadequate Diet and/or risk condition 424, Inadequate Vitamin/Mineral Supplementation and had a hemoglobin or hematocrit test within the normal range. LAs are responsible for ensuring that a blood test is performed on these children at least once every 12 months.

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- iii. Applicants who bring a written result of a hemoglobin/hematocrit test that was obtained from another agency/program or a private physician's office: Hematological data must not be collected more than 30 days prior to the certification appointment for infants, and more than 60 days for all other applicants.
- iv. Applicants whose religious beliefs shall not allow them to have blood drawn.
A statement of refusal to have blood drawn shall be included in the applicant's certification file. Acceptable documentation includes a written, signed statement by the parent/ caretaker or applicant, or written documentation by the WIC staff that is signed by the parent/ caretaker or applicant.
- v. Applicants with "life long" medical conditions such as hemophilia, fragile bones, or osteogenesis imperfecta, shall provide written documentation from their physicians. A statement from the physician is not necessary for subsequent certification.
- vi. Applicants with a serious skin condition, where the blood collection may cause harm to the applicant, shall provide written documentation from the applicant's physician. A statement from the physician is not necessary for subsequent certification.
- vii. Applicants with a treatable skin disease shall provide written documentation from the applicant's physician stating that the applicant's blood test shall be waived. A statement from the physician is required at each subsequent certification.

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- b. When a blood test is waived, a true value for hemoglobin or hematocrit cannot be entered into the computer.
 - i. In these situations, enter the following values in the Texas WIN automated system:
99.9 for hemoglobin or
99 for hematocrit.
 - ii. Do not use low hemoglobin/hematocrit as a condition of nutrition risk.
 - D. **Health History (Medical/Maternal history)** - all applicants.
 - 1. Nutrition risk conditions related to medical/maternal history shall be assessed according to the instructions in the Guidelines for Nutrition Assessment. A health history shall be completed for each certification.
 - 2. For applicants certified as pregnant women, a medical/maternal history shall be completed during the pregnancy, and for applicants certified as postpartum and breastfeeding women, a medical/maternal history shall be collected after the termination of the pregnancy.
- III. **Medical/nutrition data** previously obtained in the WIC clinic or from a health care source or a referral may be used to evaluate the applicant's nutritional status.
- A. Medical data for women and children (i.e., weight, height/length measurement, hemoglobin/hematocrit values and diet recall) may be used for determining nutrition risk for a full certification period, if it is not more than 60 days when eligibility is determined. Medical data for applicants certified as pregnant women shall have been collected during their pregnancy, and data for applicants certified as postpartum and breastfeeding women shall have been collected after the termination of their pregnancies.
 - B. Medical data for infants (i.e., weight, height/length measurement, hemoglobin/hematocrit values and diet recall)

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may be used for determining nutrition risk for a full certification period if it is not more than 30 days when eligibility is determined, with the exception of birth data.

1. The birth weight and length of an infant shall not be accepted for certification purposes after the infant is two weeks of age.
2. When an infant is older than two weeks of age, a current weight and length must be obtained. The birth weight and length shall be plotted in addition to current weight and length.
3. To certify an infant that is not physically present, obtain and plot the birth weight and length, or more current data, whichever is appropriate based on the age of the infant. To prevent termination of WIC services, the infant shall be presented by six weeks of age to be weighed and measured, and the current weight and length shall be plotted. For infants with special health care needs, see section IV. below.

C. Medical data submitted from a source other than the local WIC agency:

1. Shall be in writing, and include the signature and title of the health professional submitting the data and date measurements were obtained; or
2. If information is obtained via telephone by LA, staff shall document the name of the health care professional, title and date data was obtained.

- IV. When an applicant has **special health care needs**, special accommodations may be made in obtaining medical/nutrition data to evaluate the applicant's nutritional status. Refer to [Policy CR:07.0](#) for the definition of special health care needs and procedures to follow in these circumstances. Refer to [Policy CS:04.0](#) for appropriate waivers, if necessary.

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- V. Documentation of a complete nutrition assessment shall be maintained in each income-eligible applicant's record and shall be available for audit/review.